

Worn Out, Worn Down, and Ready to Recharge: Helping the Helper

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Regina Tyler, MSSPC

WHY SHOULD WE BE CONCERNED ABOUT VICARIOUS TRAUMA AND BURN-OUT?

**Employees who FEEL stressed are
three times more likely than people
in low stress jobs:**

- to suffer from depression,
- twice as likely to think about quitting their job,
- twice as likely to work overtime regularly.

BURN-OUT

- Burn-out is the depletion of our resources, both physical and psychological, caused by our desire to achieve certain standards and expectations that are often impossible to humanly achieve.
- Burn-Out can happen to anyone at home or on the job.

Early Symptoms of Burnout

- 1st Stage (Livingston-Booth, 1985)**

- The speeding up of activity:
 - drink and eat more quickly on the job or on the run
 - feel under the pressure of time, cannot catch your breathe or catch up on the demands
 - feel as if you are driven

Later Symptoms of Burnout – 2nd Stage

- Disrupted sleep
- Over-reactions to difficulties
- Increased irritability
- A less reliable memory
- Beginning of physical symptoms such as tension headaches, muscle pain, lowered immune system...

VICARIOUS TRAUMA

- Vicarious trauma (VT) is the short and long-term consequence of working with trauma victims/survivors and the painful and disruptive effect this can have on the trauma worker. The effects in all of the following areas – physical, emotional, behavioral, cognitive, spiritual – can persist for months and sometimes even years after work with traumatized clients without effective intervention.

Who is at risk for VT?

- Psychologists/Psychiatrists
- Social workers
- Lawyers
- Disaster relief workers
- Nurses/Medical Doctors
- Emergency Service Professionals
- Police
- Crisis phone line attendants
- Shelter workers
- Others

Traumatic cases for front line workers working with high risk families

- Domestic violence
- Sexual assault
- Child abuse
- Abductions
- Child Death

STAGES OF VICARIOUS TRAUMA

- 1. Numbness and Shock**
- 2. Confusion-nothing makes sense**
- 3. Renewed Hope and Resilience**

How VT affects Our world view

- Shattered assumptions about basic beliefs in our world for safety, security, trust, justice
- Heightened awareness of vulnerability and the fragility of life
- Powerlessness of victim transferred to worker
- Sense of alienation develops

Diminished view of humanity

- May feel bitter, cynical, or pessimistic
- May be angry at people and the world in general
- May ponder the fate of the human race
- Uncomfortable sense of separateness from family, friends, or coworkers (can be compounded by rules of confidentiality) (McCann & Pearlman, 1990)

Non-traumatized beliefs

- Before VT, individuals may:
 - believe they are above average
 - believe children are above average
 - underestimate chances of negative events
 - overestimate chances of positive events
 - overestimate personal control
- (Dr. Anna Salter)

"I love my work but lately I find it contaminating my personal life. I have nightmares about the horrible things I hear about from clients. My sex life has deteriorated, I'm irritable and distractible, I'm afraid for my kids and tend to overprotect them, and I don't trust anybody anymore. I don't know what is happening to me."

Advocate/counselor

**“It’s hard dealing
with child victims
when they are the
same age as the
ones you have at
home”**

Police Officer

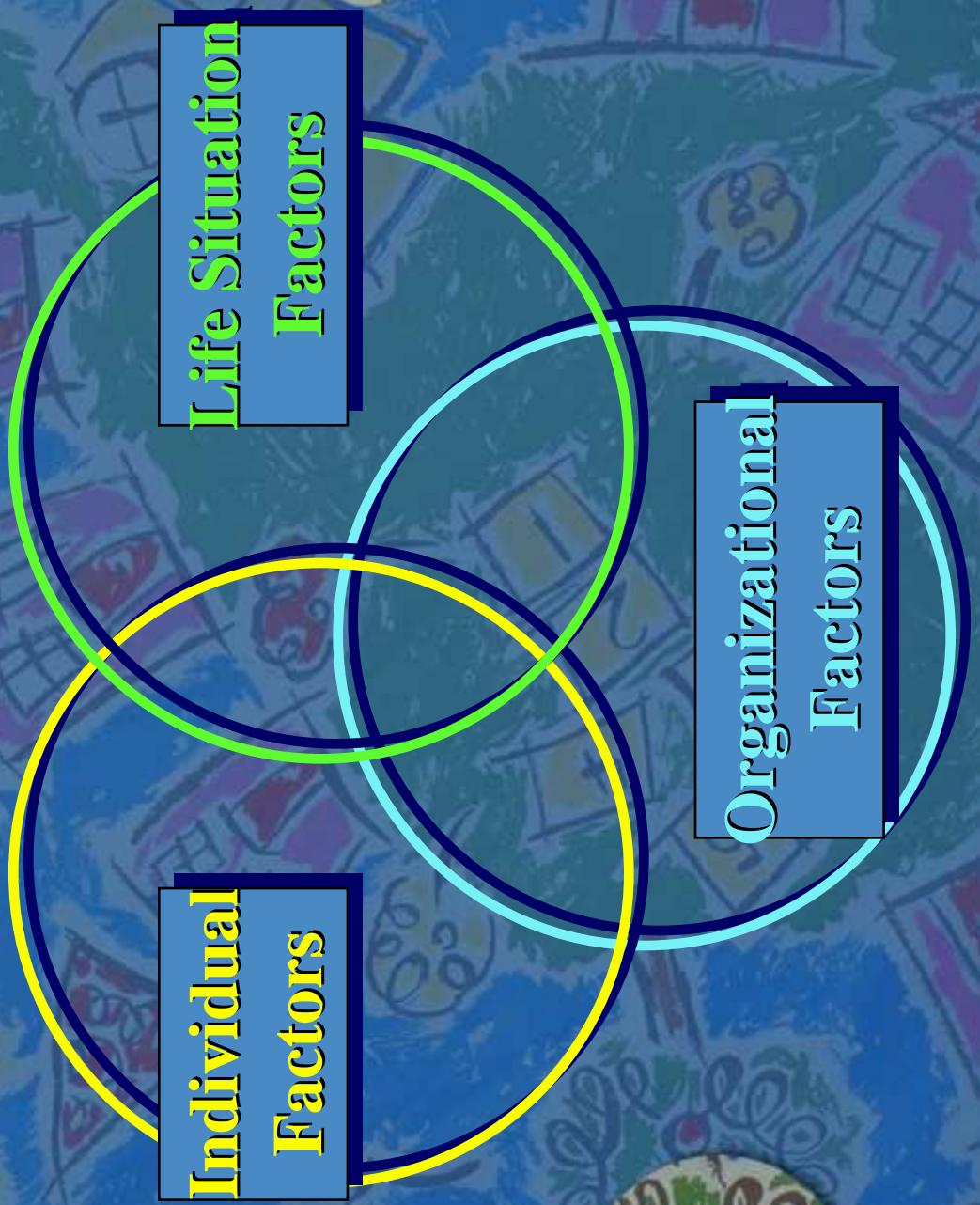


"It actually feels good to hear that I am not the only one who feels depressed and helpless and that these issues are worth studying. Fortunately, the stress has decreased with experience and time for me, but I still have vivid memories of quite traumatic experiences representing victims of domestic violence who were so betrayed that it was difficult to continue to have faith in humankind."

A lawyer

Cases of horrible, sexual, predatory exploitation of children haunt me. I keep my balance and my job as a judge by profoundly guarding myself against being swept away by the gruesome evidence I have to confront. ♪

Factors that Influence a Person's Vulnerability to Vicarious Trauma



DIFFERENCES BETWEEN **BURN-OUT** and **VT**

BURN-OUT

- Cumulative
- Predictable
- Builds over time
- Results in work dissatisfaction
- Unaddressed leads to serious health problems

and

VT

- Narrower focus
- Harmed by the kind of work we do
- Intrusive imagery
- Changes the meaning of life
- Affects our world view

Differences (cont.)

- The *bad news* is that there is not much that can be done about burnout other than changing the organizational culture or changing where one works.
- The *good news* is that there are effective interventions for vicarious trauma. (Pryce, Shackelford, and Pryce, 2007)

Dump your bucket!



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Areas of self-examination

- Physical self-care
- Social self-care
- Emotional self-care
- Personal trauma history
- Disbelief and dismissal trauma

What prevents you from getting help?

- You believe you should not experience personal problems-you should be able to handle anything.
- Personal problems are a sign of inadequacy or failure
- There is no safe place at my agency/organization to get help.
- You believe you can take care of yourself
- You intellectualize and/or disassociate from the emotional impact of your problems.
(Dawber, 1999)

Claiming Your Health



- No magic pill
- There are symptoms: Pay attention
- Clarify: From the inside or outside?
- Figure out your current level of stress:
 - Stress (helpful/good stress or at least not harmful)
 - Over stressed (Pay attention)
- Burnout
- Dis-ease (Crispy, Crossed Over)
- Avoid Pathologizing your responses; being affected by others pain is a normal reaction (McCann & Pearlman, 1990)

Health Strategies

- Intellectual Stimulation but not overload; need balance/ not all work reading or mind engagement
- Emotional support systems: counseling if necessary
- Spiritual meaning: purpose, hope, support, belief system, connectedness, inspiration – sense of being part of something much bigger
- Physical: sleep, eating, exercise & healthy relationships
- Social: have a life – balance
- Creative: finding & recharging the artist within

Life Pie

- What or who takes energy?
- Where do you get it back?
- How much is left at the end of a typical work day?
- How do you recharge?
- Do you tend to attract positive or negative energy?
- Do you tend to attract "high drama" or calm?

PROFESSIONAL and ORGANIZATIONAL STRATEGIES

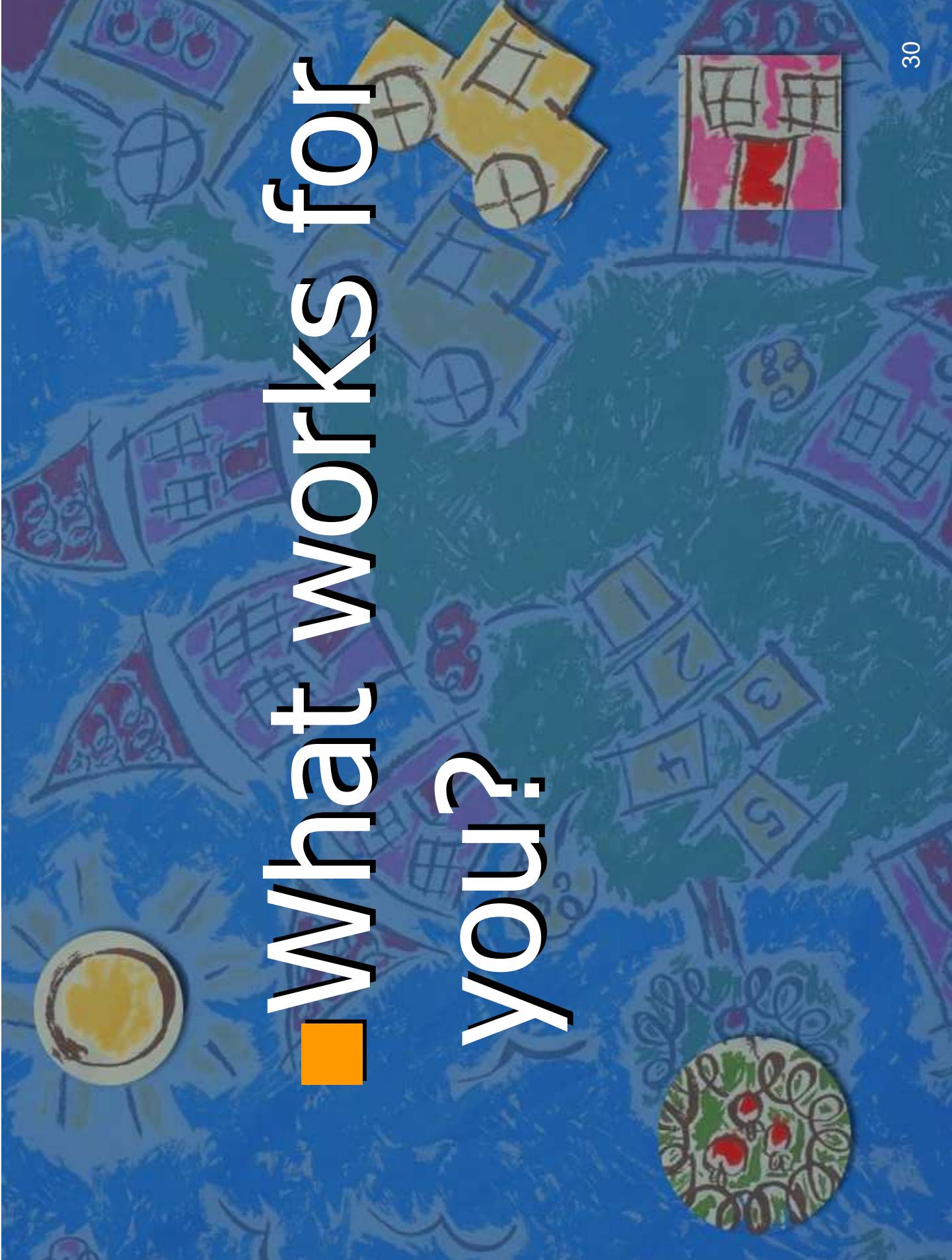
- Supportive policies that recognize the high risk nature of our work
 - Expect normative failure
 - Acknowledgement of the connections between individual and work-related stresses
- Meaningful supervision, consultation and peer support
 - Balancing our workload and creating a variety of tasks
 - Good boundaries/limit setting
 - Proactive plans for coping

PROFESSIONAL and ORGANIZATIONAL STRATEGIES (cont.)

- Comfortable physical work setting
 - Opportunity for individual/group debriefing on difficult situations
 - Programs that respond to stress, critical incidents and wellness
 - Getting support/help when we need it (EAP)
 - Bringing humour, laughter and celebration of victories into our work
 - Work culture that abundantly expresses appreciation and positive regard for workers
- Break the silence and shame surrounding it**

SUMMARY

- Name the problem
- Normalize the experience
- Build the topic into the curriculum
- Build a supportive network
- Provide an opportunity for debriefing (group & individual)
- Provide opportunity for VT supervision (help worker to sort out VT, Burn-out and VT reactions)
 - Provide specialized educational programs
 - Provide good role models and mentors (experienced workers need to speak out)
 - Create organizations that recognize and respond to VT well



What works for
you?

Remember

**“To keep the lamp burning we
have to keep putting oil in it.”**

By Mother Teresa